

Dr. Lockhart
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031902

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1191-B

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in 1b

40 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 2114 BOONVILLE

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

OR
TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2114 BOONVILLE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

FERN

Middle

BOCKMAN

Last

4. DATE

OF
DEATH

Month

AUGUST

Day

7

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒

Widowed ☐

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

12/1/04

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

AURORA, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM JEFFERSON FLY

13b. MOTHER'S MAIDEN NAME

ALICE ETTA DOTSON

14. NAME OF HUSBAND OR WIFE

JESSE BOCKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JESSE BOCKMAN, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Reticular Cell Sarcoma
(abdominal)*

INTERVAL BETWEEN ONSET AND DEATH

6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/2/63

to 8/6/63

and last saw him alive on 7/20/63

Death occurred at 3 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. Lockhart MD

(Degree or title)

22b. ADDRESS

609 Cherry

22c. DATE SIGNED

8/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8/10/63

23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

8-16-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

8/16/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter E. Hameller

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.